

INSTRUCTIONS: Complete and submit two (2) copies. Retain one (1) copy for your records. Submit signed original to:
DIRECTOR
SPECIAL EDUCATION TEAM
WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
P. O. BOX 7841
MADISON, WI. 53707-7841

This form has been developed to assist parents in requesting a due process hearing. Provide all information requested. Failure to provide all information may result in a court reducing the amount of any attorneys' fees awarded. You will be contacted by the department regarding your hearing request

		FOR DPI USE						
Date Received	Case	Case No. Assigned		,	Due		Due Date	
		GENERAL INFORMATION						
Name of Party(ies) Requesting the Hearing				Relationship(s) to the child				
Address of Party(ies) Requesting the Hearing Street, City, State, ZIP							Daytime Telephone Area/No.	
Name of Child Address of the				e Child's F	e Child's Residence Street, city, State, Zip			
School District of the Child's Residence					School District Where Child is Attending			
Describe the nature of the problem the child is experiencing relating to the action proposed, including facts relating to the problem. State the specific								
reasons for requesting a hearing. Use additional she	ets or b	ack if necessa	ıry.					
A proposed resolution of the problem (to the extent known and available to the parents at this time). Use additional sheets or back if necessary.								
Signature of Party(ies) Requesting Hearing		S	IGNATURE			Date Sig	ned	
						Date Oil	nou.	
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